

Quality Assurance Surveillance Plan

For: Ralph H. Johnson VAMC Cancer Program, Charleston, SC 29401 /VISN 07

Contract Number: tbd

Contract Description: Ralph H. Johnson VAMC, Charleston, SC 29401/VISN 07 Cancer/Tumor Registry Services

Contractor's name: **CTR Service Vendor to be Determined** (hereafter referred to as the contractor).

1. PURPOSE

This Quality Assurance Surveillance Plan (QASP) provides a systematic method to evaluate performance for the stated contract. This QASP explains the following:

- What specific services will be monitored.
- Quantitative metrics via which monitoring will occur
- Who will conduct the monitoring.
- How monitoring efforts and results will be documented

This QASP does not detail how the contractor accomplishes the work. Rather, the QASP is created with the premise that the contractor is responsible for management and quality control actions to meet the terms of the contract. It is the Government's responsibility to be objective, fair, and consistent in evaluating performance.

This QASP is a "living document" and the Government may review and revise it on a regular basis. However, the Government shall coordinate changes with the contractor. Copies of the original QASP and revisions shall be provided to the contractor and Government officials implementing surveillance activities.

2. GOVERNMENT ROLES AND RESPONSIBILITIES

The following personnel shall oversee and coordinate surveillance activities.

a. Contracting Officer (CO) - The CO shall ensure performance of all necessary actions for effective contracting, ensure compliance with the contract terms, and shall safeguard the interests of the United States in the contractual relationship. The CO shall also assure that the contractor receives impartial, fair, and equitable treatment under this contract. The CO is ultimately responsible for the final determination of the adequacy of the contractor's performance.

Assigned CO: Nochelle Elliott, Contract Specialist

Organization or Agency: Department of Veterans Affairs, Ralph H. Johnson VAMC, Charleston, SC 29401 VISN 07

b. Contracting Officer's Representative (COR) - The COR is responsible for technical administration of the contract and shall assure proper Government surveillance of the contractor's performance. The COR shall keep a quality assurance file. The COR is not empowered to make any contractual commitments or to authorize any contractual changes on the Government's behalf.

Assigned COR: Shane Swasey, Administrative Officer, Medicine Service

c. Other Key Government Personnel – The PI that is requesting this contract:

3. CONTRACTOR REPRESENTATIVES

The following employee(s) of the contractor shall serve as the contractor's program manager for this contract.

a. Program Manager – Jan Lynn Shriner, RN, MS, APRN; Clinical Nurse Specialist, Cancer Program Coordinator

4. PERFORMANCE STANDARDS

Performance standards define desired services. The Government performs surveillance to determine if the contractor exceeds, meets or does not meet these standards.

The Performance Requirements Summary Matrix, paragraph as provided below includes performance standards. The Government shall use these standards to determine contractor performance and shall compare contractor performance to the Acceptable Quality Level (AQL).

TASK	QUALITY STANDARD	ACCEPTABLE QUALITY LEVEL (AQL)	METHOD OF SURVEILLANCE	DISINCENTIVE/ DEDUCTIONS FOR FAILURE TO MEET AQL
1) Abstracted Case Coding: Cases abstracted within 4-6 months from the time the contractor was given the cases to abstract, or date of diagnosis for those cases confirmed an accession number	100%	95%/month	Monthly Report Annual audit by the Cancer Program Committee of at least 10% of the analytic cases to confirm accuracy	TAT = Technical Area Task 5% deduct if TAT between 90-95% 15% deduct if TAT between 85-89% <hr/> 30% deduct if TAT falls to 85% and below
2) Follow up: Follow up rate is maintained on all patients from Cancer Registry reference date.	100%	80% /all documents	Monthly Report Annual audit by the Cancer Program Committee to confirm accuracy	5% deduct if TAT between 90-94% 15% deduct if TAT between 85-89% <hr/> 30% deduct if TAT falls to 85% and below
3) Follow-up: Follow-up rate is maintained on all patients diagnosed within the last 5 years.	100% of all documents	90%/ month	Monthly Report Annual audit by the Cancer Program Committee to confirm accuracy	5% deduct if TAT between 90-94% 15% deduct if TAT between 85-89% <hr/> 30% deduct if TAT falls to 85% and below

4) Complete error-free data is properly submitted annually (or as required by the NCDB) for the National Cancer Database (NCDB) call for data.	100%	95%/month	Semi-Annual Report	No deduct; however, may be considered in breach
5) Data is submitted to the VA, and to the VA Central Cancer Registry upon request prior to, or within deadlines	100%	95%/month	Quarterly Report Ongoing surveillance	No deduct; however, may be considered in breach

6) Data re-submitted (e.g. to the NCDB, and to all other requestors, (e.g., VA Central Cancer Registry on cases diagnosed on or after the Cancer Registry reference date) meet the quality criteria & resubmission deadline specified in the VA Central Registry or NCDB Calls for Data.	100%	95%/month	Ongoing surveillance; Semi-annual report	No deduct; however, may be considered in breach. Exercise of Option Period
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7) Monthly reviews are conducted of the Cancer Registry abstracting through 100% of the annual analytic caseload. The plan shall also identify the activities to be evaluated and shall set the benchmarks for required accuracy to meet all ACOS Cancer Program Standards, and shall include the review of all Pathology and Radiology Computerized Patient Record System (CPRS) and Vista Imaging reports	100%	95%/month	Ongoing surveillance; Monthly report	No deduct; however, may be considered in breach. Exercise of Option Period
8) Monthly invoice submittal	100%	100%	Monthly compliance assessment	No deduct; however, payment will be delayed until receipt of proper invoice
9) Maintains licensing, registration, and certification through the National Cancer Registrar's Association. Updated licensing, registration and certification shall be provided, as they are renewed. Licensing and registration information kept current	100%	100%	Ongoing surveillance Semi-annual report	Unfavorable contractor performance evaluation. Removal from contract until such time the contract employee(s) meet qualification and licensing, registration and certification standards. Exercise of Option period.

10) Mandatory training	100%	100%	Ongoing surveillance Semi-Annual Report	Suspension or termination of all physical and/or electronic access privileges and removal from contract until such time as the training is complete
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11) Privacy, Confidentiality, and HIPAA. Contractor is aware of all laws,, regulations, policies, and procedures relating to Privacy, Confidentiality and HIPAA and complies with all standards. ZERO breaches of privacy or confidentiality	100%	100%	Ongoing surveillance Semi-Annual Report	Unfavorable contractor performance evaluation. Removal from contract.
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5. Incentives

The Government shall use the “full payment of the monthly invoice” as an incentive. Incentives shall be based on exceeding, meeting, or not meeting performance standards. Failure to meet the AQL will result in a percentage decrease in the invoice payment as identified.

6. Methods of QA Surveillance

Various methods exist to monitor performance. The Program Manager shall use the surveillance methods listed below in the administration of this QASP.

- a. DIRECT OBSERVATION. As applicable, when Contractor/Contractor representative is physically present on Ralph H. Johnson VAMC physical premises proper. (TASKS 1 thru 11)
- b. PERIODIC INSPECTION. The Program Manager will conduct monthly random inspections of performance, as indicated by the deliverables of the contract, and periodic inspections may be scheduled [Daily, Weekly, Monthly, Quarterly or annually] or unscheduled, as required or deemed appropriate by the Cancer Program Coordinator. (TASKS 1 thru 11)
- c. VALIDATED USER/CUSTOMER COMPLAINTS. N/A
- d. RANDOM SAMPLING. N/A

e. MONTHLY REPORTS. Submitted to the Ralph H. Johnson VAMC Cancer Program Committee routed through the Cancer Program Coordinator, with oversight by the Cancer Program Chair.

7. Ratings

Metrics and methods are designed to determine if performance exceeds, meets, or does not meet a given standard and acceptable quality level. A rating scale shall be used to determine a positive, neutral, or negative outcome. The following ratings shall be used.

Evaluate quarterly performance by running the appropriate reports. This will be accomplished by the Cancer Registrar, and submitted to the Program Manager, and the Cancer Program Committee Chair before invoice certification, in order to determine if the facility/VA Cancer Program is maintaining a 90% follow-up rate, as required by the Commission on Cancer Standards.

RATING	Description
GREEN	Yes. Performance and technical specifications are being met at an Acceptable Quality Level (AQL)
YELLOW	Yes. Performance and technical specifications are currently being met at the minimum AQL, but the following service/deliverable needs contractor attention: (The customer/Program Manager MUST specify and identify what component of the deliverable and/or service requires attention.)
RED	No. Performance and technical specifications are NOT being met at AQL and the following services/deliverable needs immediate contractor resolution: (The customer/Program Manager MUST specify and identify what component of the deliverable and/or service requires attention.)

8. DOCUMENTING PERFORMANCE

a. ACCEPTABLE PERFORMANCE

The Program Manager/COR shall maintain the Quality Assurance Worksheets in a contract file and submit at end of the contract period to the Contracting Officer. These worksheets shall be submitted no later than 30 days after contract expiration.

The government shall document positive performance. Any report will become a part of the supporting documentation for any contractual action.

b. UNACCEPTABLE PERFORMANCE

When unacceptable performance occurs, the Program Manager shall inform the contractor. This will normally be in writing unless circumstances necessitate verbal communication. In any case, the Program Manager shall document the discussion and place it in Program Manager and/or COR files.

When/if the Program Manager determines formal written communication is required, the Program Manager shall prepare a Contract Discrepancy Report (CDR), and present it to the contractor's program manager.

The contractor shall acknowledge receipt of the CDR in writing. The CDR will specify if the contractor is required to prepare a corrective action plan to document how the contractor shall correct the unacceptable performance and avoid a recurrence. The CDR will also state how long after receipt the contractor has to present this corrective action plan to the COR. The Government shall review the contractor's corrective action plan to determine acceptability.

Any CDRs may become a part of the supporting documentation for any contractual action deemed necessary by the CO.

9. FREQUENCY OF MEASUREMENT

a. Frequency of Measurement

The Program Manager shall assess contract performance as each invoice is submitted using the Quality Assurance Worksheet. During contract performance, the Program Manager will periodically analyze whether the negotiated frequency of surveillance is appropriate for the work being performed.

b. Frequency of Performance Assessment Meetings.

The Program Manager shall meet with the contractor quarterly to assess performance and shall provide a written assessment.

{After award, both the Contractor's Program Manager and the COR shall sign this document.}

Signature – Contractor Program Manager/Date

Signature – Contracting Officer's Representative/Date